



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Veldhuis et al.

Serial No.: 10/676,847

Filed: October 1, 2003

For: METHOD OF TREATMENT OF

HYPOXIA/ISCHAEMIA

Confirmation No.: Unknown

Examiner: To be assigned

Group Art Unit: To be assigned

Attorney Docket No.: 2183-6139US

CERTIFICATE OF MAILING

I hereby certify that this correspondence along with any attachments referred to or identified as being attached or enclosed is being deposited with the United States Postal Service as First Class Mail on the date of deposit shown below with sufficient postage and in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

December 1, 2003 forme of Huntoman

Bonnie L. Huntsman

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In compliance with the duty to disclose information material to patentability pursuant to 37 C.F.R. § 1.56, it is respectfully requested that this Supplemental Information Disclosure Statement be entered and the document listed on attached Form PTO-1449 or PTO/SB/08 be considered by the Examiner and made of record. A copy of the listed document is enclosed pursuant to 37 C.F.R. § 1.98(a).

In accordance with 37 C.F.R. § 1.97(g) and (h), filing of this Supplemental Information Disclosure Statement is not to be construed as a representation that a search has been made or an admission that the information cited herein is, or is considered to be, material to patentability as defined in 37 C.F.R. § 1.56(b). Further, no representation is made by Applicants herein that no other possible material information as defined in 37 C.F.R. § 1.56 (b) exists.

Serial No. «Patent Application No»

Other Documents

LIU et al., Interferon-B administration confers a beneficial outcome in a rabbit model of thromboembolic cerebral ischemia, Neuroscience Letters, 2002, pp. 146-48, Vol. 327.

In compliance with the duty to disclose information material to patentability pursuant to 37 C.F.R. § 1.56, Applicants hereby identify the following listed copending applications naming a common inventor:

Attorney Docket No.:

2183-6141US

Serial No.:

10/678,957

Filing Date:

10/3/2003

Title:

AT LEAST PARTIAL PREVENTION AND/OR REDUCTION OF

CELLULAR DAMAGE IN TISSUE THAT HAS SUFFERED FROM OR IS SUFFERING FROM HYPOXIA AND/OR

ISCHAEMIA AND/OR INFLAMMATION

This Supplemental Information Disclosure Statement is filed within three (3) months of the filing date of the above-identified application.

Respectfully submitted,

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Date: November 20, 2003

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Enclosures: Form PTO-1449 or PTO/SB/08

Copy of documents cited

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Approved for use through 10/31/2002. OMB 0651-0031

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Substitute for form 1449A/PTO				Complete if Known		
INECI	DRA MÝCH	JENE		Application Number	10/676,847	
			SCLOSURE	Filing Date	October 1, 2003	
STATEMENT BY APPLICANT			PPLICANT	First Named Inventor	Veldhuis et al.	
				Group Art Unit	To be assigned	
(use as many sheets as necessary)			necessary)	Examiner Name	To be assigned	
Sheet	1	of	1	Attorney Docket Number	2183-6139US	

Examiner Initials *	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
,		LIU et al., Interferon-B administration confers a beneficial outcome in a rabbit model of thromboembolic cerebral ischemia, Neuroscience Letters, 2002, pp. 146-48, Vol. 327.	
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Examiner		Date	•	
Signature		Considered		

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



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¹ Unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.